

SERIAL NUMBER <div style="text-align: center;">09/343,863</div>	FILING DATE <div style="text-align: center;">06/30/99</div>	CLASS <div style="text-align: center;">348</div>	GROUP ART UNIT <div style="text-align: center;">2712</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">10980689-1</div>
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>WARREN S. BEITSCHER, FORT COLLINS, CO.</p>     <p><b>**CONTINUING DOMESTIC DATA*****</b></p> <p>VERIFIED</p> <p>_____</p> <p><b>**371 (NAT'L STAGE) DATA*****</b></p> <p>VERIFIED</p> <p>_____</p>     <p><b>**FOREIGN APPLICATIONS*****</b></p> <p>VERIFIED</p> <p>_____</p>     <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/29/99</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no            35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Examiner's Initials</span> <span>Initials</span> </div> </div> <div style="width: 10%;">           STATE OR COUNTRY            CO         </div> <div style="width: 10%;">           SHEETS DRAWING            2         </div> <div style="width: 10%;">           TOTAL CLAIMS            20         </div> <div style="width: 15%;">           INDEPENDENT CLAIMS            2         </div> </div>				
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>IP ADMINISTRATION</p> <p>LEGAL DEPARTMENT 20BN</p> <p>HEWLETT PACKARD COMPANY</p> <p>P O BOX 10301</p> <p>PALO ALTO CA 94303-0890</p> </div> </div>				
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>LOW COST HIGH QUALITY DIGITAL CAMERA</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">           FILING FEE RECEIVED   <div style="text-align: center;">\$760</div> </div> <div style="width: 45%;"> <p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>NO. _____ for the following:</p> </div> <div style="width: 40%;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div> </div> </div>				